

Abstracts

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with and, if necessary, treated for knee cartilage defects by arthroscopy at one of seven centres in Germany. Patients were assigned to the initial operation (IO) group if the study physician was able to confirm that the study arthroscopy was the patient's first surgical procedure ever on that particular knee. All other patients were assigned to the re-operation (RO) group. Patients were interviewed on their postsurgical outcome with two disease-specific (Tegner Scale and IKDC Subjective Knee Form [IKDC-SKF] including a retrospective assessment of their pre-surgical health state) and a generic instrument (SF-36). **RESULTS:** Data from a total of 1708 patients were included in the final analysis. Of these, 1070 were assigned to the initial operation (IO) group (61% men, 49 ± 15 years; 39% women, 52 ± 14 years) and 638 were assigned to the re-operation (RO) group (64% men, 44 ± 13 years; 36% women, 47 ± 14 years). Participants experienced a level reduction of 1.5 (IO) and 2.5 (RO) resp. with the Tegner scale. Patients reported a functional knee status measured by the IKDC-SKF of 64% to 84% dependent on the surgical procedure performed. Significantly lower scores than the general population were observed with the SF-36 for the physical functioning, role-physical, and role-emotional scales, as well as for the physical health summary measure. The strongest limitations in the overall study population compared to the general population were seen on the physical functioning, role-physical, and role-emotional dimensions. In all three instruments the RO group experienced more severe reductions in quality of life. **CONCLUSIONS:** Despite extensive treatments participants experienced lasting reductions in quality of life. Surgical procedures differ in their long-term outcome. Longer history of interventions decrease the treatment related outcomes.

PMS64

DIFFERENCES IN QUALITY OF LIFE ACCORDING TO THE REPLACED JOINT

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OBJECTIVES: Total hip and knee replacement are very common procedures. Both of them improve function, pain and health related quality of life (HRQoL). The aim of this study was to compare baseline scores and improvements at one year in HRQoL according to the operated joint. **METHODS:** This prospective observational study was carried out in 15 hospitals with consecutive patients. All included patients fulfilled 3 HRQoL questionnaires at two times, 1 month pre surgery and 12 months post surgery. There were 2 generic questionnaires; EQ-5D and SF-12 and one specific, the WOMAC. We compare the baseline scores and improvements at one year by mean of Student's t test. **RESULTS:** The analysis was performed over 864 patients who fulfilled the included questionnaires. There were 355 hips and 509 knees. Mean age (mean \pm s.d.) was not different between hip (63.5 ± 19.9) and knee (64.3 ± 23.8) patients. At baseline, patients who were waiting for hip replacement had only worse score in the function dimension of WOMAC (64.8 ± 16.6 vs 61.1 ± 17.6) ($p = 0.002$). According to the improvements at one year, there were statistically significant differences in all EQ-5D and WOMAC dimensions. The patients in the hip group experienced higher improvements in EQ-5D index ($p = 0.005$), VAS ($p = 0.005$), WOMAC pain ($p < 0.001$), function ($p = 0.001$) and stiffness ($p < 0.001$). There were no statistically differences in the improvements measured by SF-12. **CONCLUSIONS:** In the light

of these data we can conclude that at baseline patients have similar HRQoL scores, while at 1 year those who have undergone hip replacement experienced a higher improvement in the affected dimensions. In addition, the generic questionnaire SF-12 does not seem to capture the changes in HRQoL in these patients.

PMS65

GOLIMUMAB, A HUMAN ANTI-TNF-ALPHA MONOCLONAL ANTIBODY, SIGNIFICANTLY IMPROVES SELF-REPORTED PRODUCTIVITY IN PATIENTS WITH RHEUMATOID ARTHRITIS: RESULTS FROM THREE PHASE 3 STUDIES

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OBJECTIVES: To evaluate the effect of golimumab (GLM) on self-reported productivity in rheumatoid arthritis (RA) patients. **METHODS:** The effect of GLM on self-reported productivity was evaluated in three multicenter, randomized, double-blind, placebo (PBO)-controlled studies in RA patients. Data from patients receiving GLM or PBO with or without methotrexate (MTX) are presented. The trials evaluated different patient populations and included patients naïve to MTX (GO-BEFORE), patients with active RA despite MTX (GO-FORWARD), and patients previously treated with anti-TNF-alpha agent(s) (GO-AFTER). GLM subcutaneous injections of 50 mg or 100 mg were administered q4wks. At wks0 and 24, patients were asked to indicate how much their disease affected their productivity at work, school or at home in the past 4wks using a 0 (did not affect productivity at all) to 10 (affected productivity very much) VAS scale. A negative mean change from baseline is an improvement in self-reported productivity. An ANOVA on van der Waerden normal scores was performed for between-group comparisons. **RESULTS:** In each of the trials mean baseline scores for self-reported productivity were comparable between groups (ranges were 6.3–6.4[GO-BEFORE] 5.4–5.7[GO-FORWARD], 6.2–6.7[GO-AFTER]). In GO-FORWARD, the mean(\pm SD) improvements in self-reported productivity were significantly greater in the GLM 50 and 100 mg + MTX groups compared with PBO + MTX at wk24 (-1.97 ± 3.12 , -2.00 ± 2.53 , and -0.45 ± 2.98 , respectively, $p < 0.001$). In GO-AFTER, the mean(\pm SD) improvements in self-reported productivity were significantly greater in the GLM 50 and 100 mg groups compared with PBO at wk24 (-1.77 ± 2.90 , -2.10 ± 2.92 , and -0.52 ± 2.79 , respectively, $p < 0.001$). In GO-BEFORE, numerical improvements in self-reported productivity were observed in the GLM 50 and 100 mg + MTX groups (-2.48 ± 2.94 and -2.90 ± 2.80 , respectively); these improvements were not significantly different from PBO + MTX (-2.27 ± 3.02). **CONCLUSIONS:** In two studies, GLM resulted in significant improvements in self-reported productivity. In the third trial, GLM resulted in trends towards improvement in self-reported productivity compared with PBO + MTX.

PMS66

WILLINGNESS TO PAY VS. QUALITY ADJUSTED WAGES AS ALTERNATIVE WAYS TO MEASURE THE BURDEN OF DISEASE IN SPAIN: AN APPLICATION TO BALLOON KYPHOPLASTY

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OBJECTIVES: To evaluate welfare changes in individuals using balloon kyphoplasty (BKP) for the treatment of vertebral body